

REQUEST FOR QUOTATION (THIS IS NOT AN ORDER)		THIS RFQ <input type="checkbox"/> IS <input type="checkbox"/> IS NOT A SMALL BUSINESS SET-ASIDE		PAGE OF PAGES	
1. REQUEST NO. SGT50009Q0056	2. DATE ISSUED 9/2/2009	3. REQUISITION/PURCHASE REQUEST NO. 686838	4. CERT. FOR NAT. DEF. UNDER BDSA REG. 2 AND/OR DMS REG. 1	RATING	
5a. ISSUED BY US EMBASSY GUATEMALA/PROCUREMENT SECTION			6. DELIVER BY (Date) 9/16/2009		
5b. FOR INFORMATION CALL: (NO COLLECT CALLS)			7. DELIVERY		
NAME WAGNER LAM		TELEPHONE NUMBER		<input type="checkbox"/> FOB DESTINATION <input type="checkbox"/> OTHER (See Schedule)	
		AREA CODE 502	NUMBER 23264359	9. DESTINATION	
8. TO:			a. NAME OF CONSIGNEE US EMBASSY/PROCUREMENT SECTION		
a. NAME	b. COMPANY		b. STREET ADDRESS Av. La Reforma 7-01, Zona 10		
c. STREET ADDRESS			c. CITY Guatemala		
d. CITY	e. STATE	f. ZIP CODE	d. STATE GT	e. ZIP CODE 01010	
10. PLEASE FURNISH QUOTATIONS TO THE ISSUING OFFICE IN BLOCK 5a ON OR BEFORE CLOSE OF BUSINESS (Date) 9/16/2009		IMPORTANT: This is a request for information, and quotations furnished are not offers. If you are unable to quote, please so indicate on this form and return it to the address in Block 5a. This request does not commit the Government to pay any costs incurred in the preparation of the submission of this quotation or to contract for supplies or service. Supplies are of domestic origin unless otherwise indicated by quoter. Any representations and/or certifications attached to this Request for Quotation must be completed by the quoter.			
11. SCHEDULE (Include applicable Federal, State and local taxes)					
ITEM NO. (a)	SUPPLIES/SERVICES (b)	QUANTITY (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)
1	Rent of 6 photocopiers,	12	MT		\$0.00
2	Rent of 6 multifunctional machine (photocopier, printer and scanner) one year. Attachement "A" provides minimum standard specification required for item 1 and 2. Contract base 1 year, with four optional years. Information required: Copies included in the price Cost for extra copies. TERMS & CONDITIONS: * Price must include IVA. An IVA form will be provided for 12% tax. * Prices must be showed in Quetzalez (Q) * Payment will be processed when services and invoice have been received. * Payment terms: net 30 days.	12	MT		\$0.00
12. DISCOUNT FOR PROMPT PAYMENT		a. 10 CALENDAR DAYS (%)	b. 20 CALENDAR DAYS (%)	c. 30 CALENDAR DAYS (%)	d. CALENDAR DAYS NUMBER PERCENTAGE
NOTE: Additional provisions and representations <input type="checkbox"/> are <input type="checkbox"/> are not attached.					
13. NAME AND ADDRESS OF QUOTER			14. SIGNATURE OF PERSON AUTHORIZED TO SIGN QUOTATION		15. DATE OF QUOTATION
a. NAME OF QUOTER			16. SIGNER		b. TELEPHONE
b. STREET ADDRESS					
c. COUNTY			a. NAME (Type or print)		AREA CODE
d. CITY	e. STATE	f. ZIP CODE	b. TITLE (Type or print)		NUMBER